THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIV. WEDNESDAY, JULY 30, 1851. No. 26.

MEDICINE AND SURGERY IN MEXICO.

LETTER FROM PROF. HUDSON, OF IOWA.

FROM Dr. Hegewisch, who had resided in Vera Cruz for three years, I obtained a few facts concerning the medical profession and institutions of the Republic. I regret that circumstances have so conspired as to prevent my visiting these institutions. Dr. Hegewisch is a German, who came to Oaxaca many years ago as physician to an English mining company. He is a fine-looking man, with an open frank countenance, and is very much of a gentleman. He stands high in his profession. Himself, with two medical brethren, were the founders of the medical college at the city of Mexico, which went into existence in 1838 under the patronage of the State. The departments were, and still are, divided up into eight or ten in number. The salary of each professor was stipulated at $1200 a year, and students were educated free of charge. Their annual number of students averaged from forty to sixty. In 1840, when the French were expelled from the country, the professors were, without cause or provocation, summarily ejected from their places, and the chairs re-filled by Mexican teachers; leaving the honorable founders, their unpaid and well-earned salaries unprovided for. This characteristic perfidy was not surprising, though it was unlooked for.

There is a university with a medical department of respectability in Gaudalaxara, a medical college at Pueblo, one at Morelia, one at Oaxaco, making five in all. The three latter are institutions of no merit or respectability. They maintain only three or four chairs in each. Dr. Hegewisch occupied the chair of Surgery in the school at the city of Mexico, and lectured four times a-week. During this time, himself and associates conducted and published a medical journal; but it is now abandoned, and there is none in existence in the whole Republic.

The Faculty embraced the physiological doctrine of the humoral pathologists of the French school; and no disease illustrates so forcibly to the mind of Dr. H. this interesting doctrine (of Broussais?) as that Protean malady of this latitude, the *vomito*. The disease is now prevailing in Vera Cruz, but at present more mild than fatal. The rapid change the blood undergoes during its invasion and progress, is strikingly palpable, although the sequences are by no means so uniform as this change, nor so uniform as the mode of attack. Violent pain in the head

is a never-failing symptom, and appears at the onset, often located over one or both eyes, and reaching deep behind the orbit. Injected eyes, and icteroded conjunctivæ, are constant symptoms. Pain along the spine, heaviness and aching pains throughout the limbs, sometimes yawning, and sometimes a chill. Tongue soon coated with a white clammy coat, followed by a perturbed stomach, and then vomiting. The extensive and dreadful change in the blood is now most markedly seen. It becomes fluid. The serum is increased in quantity, and the fibrin diminished. Its plasticity seems suddenly gone. A general hæmorrhagic tendency and extravasations do not always accompany the malady; but the strength of the perverse action centres about the liver, blocks up the natural outlets of this gland, without arresting its secreting function, when the overflow of bile into the surface tissues, marks as plain an icteroded condition, as when sanguineous extravasations predominate. The first day, the pulse is upwards of 100, and the febrile stage is most active. Towards the termination of the case, the pulse sinks to 40 beats the minute, the patient becomes quiet and easy, and feels confident of recovery. But this respite or apparent amendment is often delusive, the pulse soon fails in the fatal cases and becomes imperceptible, the patient grows weaker, the vital forces flag, and life passes away as silently as a burning wick is extinguished for lack of oil.

The unfamiliarized physician stands amazed at the novelty of this mode of death, and confounded at the subtlety of those causes which produced it. His inquiring thoughts in vain ask, from whence came the force of that fatal influence whose power his skill could not avert, and whose march leaves behind so few tangible evidences of its nature.

The vomito, like the yellow fever, does not attack the natives of Vera Cruz, but those who come only a few leagues from the interior are frequently seized with it; yet it is not confined to the locality, nor to the summer and rainy season of the year, but often prevails with great mortality in the interior of the country, along the coast, and during the spring, fall and winter months. According to the observations of Prof. Hegewisch, it follows the emigration of foreigners, and is more especially obnoxious to them when living in societies or companies, than when the stranger is by himself.

The identity of this disease with yellow fever is so close as to render a distinction between them useless, and the task, when completed, a meaningless piece of refinement. Dr. Hegewisch confesses his inability o point out a difference worth the name of distinction. The symptoms and mode of invasion are almost precisely the same; each receives the same treatment. I am not familiar, from observation, with the pathological lesions observed in either case.

General and local abstraction of blood; oil, blisters, sinapisms, and sudorifics, constitute the chief means of treatment. Some cases last but a few hours, others continue several days.

The Mexicans offer as little encouragement to foreign practitioners of medicine as any other calling. They are not admitted to examination until they have resided in the Republic twelve months, and then paying upwards of one hundred dollars for the license. During the

last Congress, a law was agitated which compelled foreigners to reside two years in the country before they could be admitted to examination.

Western Medico-Chirurgical Journal.

MOUNTAIN AND MALARIOUS FEVERS PRODUCED BY THE SAME CAUSE.

BY IRA E. OATMAN, M.D., OF DUNDEE, ILL.

In passing over one thousand miles of the vast plains towards the Pacific, the earlier emigrants of 1849 enjoyed great freedom from fevers. But while going through the South Pass of the Rocky Mountains, some of them experienced great dyspnœa, which was increased by exercise. The altitude was 8500 feet above the level of the sea. This dyspnœa so resembled that I had observed in congestive fevers in Illinois, where the lungs were chiefly affected, that I was induced to inquire if they were produced by the same cause. We began to descend the same day, and were in lower altitude; but still several thousand feet above the level of the sea. Within a few days (I lost my journal), one fourth of our company were taken with what is called the "mountain fever."

They were attacked with depression of spirits, languor and debility, with extreme aching in the forehead and lumbar region of the back, thirst, coldness and numbness of the extremities, and slight chills. These were followed by an increase of thirst and pain, with febrile re-action—generally high, and in some cases delirium. If not energetically treated, the remission was very light in the morning. The cases yielded, in from one to three days, to six or eight grains of sulph. quinine and one fourth to one third of a grain of sulph. morphine three or four times a-day, after a mercurial cathartic. The convalescence was as rapid as is usual in this country after such fevers.

Fat bacon and coffee had been the staple articles of food, since we left home; and such was our mode of life that we partook of them in no sparing quantities. These being highly carbonaceous articles, and the weather rather warm, there was evidently an accumulation of carbon in the system. While the same quantities were still ingested, we ascended to an altitude (8,500 feet) where the atmosphere was so rare, that, with deep and frequent inspirations, there was not sufficient oxygen taken into the circulation to maintain the vital actions during active exercise. Hence the dyspnœa and sense of impending suffocation. The carbon, not meeting with the proper elements with which to combine, could not be eliminated from the system through the natural avenues. Consequently, a vast accumulation would take place in a short time. The coldness of the nights in this altitude, checking the insensible perspiration, would produce a pathological state of the blood, which would derange, consecutively, the functions of the liver, kidneys, &c., through which the carbon is eliminated. The blood, now loaded with carbon, and imperfectly hæmatized; failing thereby to stimulate the cerebral and nervous functions, that state of depression and languor would follow which results in chills and all the phenomena of fever.

Here the country was dry and the air salubrious; and to the closest observer, there was no local cause of disease. Yet here only did we suffer from fevers; and here only did we see the graves of former emigrants. It seemed reasonable to attribute these fevers to an excess of carbon in the system; there being no other appreciable cause.

Let us now examine if fevers called malarious are produced by the same cause. Epidemics of these fevers occur after protracted heat and drought in marshy and alluvial localities; and, according to Dr. Ferguson and others, in the dried-up beds of streams, and where absorbing surfaces had been flooded and had become dry. The invariable conditions of protracted heat and drought, would so rarefy the air, that the carbon not meeting oxygen in adequate proportions for combination, would accumulate in the system; and if the diet used was carbonaceous (and soldiers generally use such), the quantities would be increased. If these conditions obtained where there was vegetable matter in an advanced stage of decomposition, as is usually the case where these diseases prevail, then, through the lungs, would large additions be made to the already excessive quantity of carbon in the system. In the "dried-up beds of streams," and where "absorbing surfaces" had been flooded, and had become dry, we would expect to find the remains of decaying vegetable matter largely in the former case, and to some extent in the latter, although not perceptible, perhaps, to the eye. But if not as alleged, there were the invariable conditions of protracted heat and drought, or a high altitude, and probably carbonaceous diet, which would produce the same pathological condition of the fluids. The California emigrants above referred to, had neither drought nor considerable heat; nor yet were they exposed to alluvial lands made bare, or grounds annually flooded, and now dry and absorbing, with the "vegetation utterly burned up." And yet they had all the phenomena of endemic malarious fever, which was answerable to the same treatment.

This being the true ætiology of these diseases, we may better understand the *modus operandi* of venesection, practised for the cure of intermittents in the cold stage—how quinine, and morphia, and even active stimulants, remove all the phenomena of fever, by equalizing the circulation, quieting nervous irritability, promoting perspiration, and the secretions of the liver, kidneys, &c. And how the recuperative powers of the system are exerted to free the blood from the surplus carbon, by increasing the fullness and frequency of the respiration, by the vigorous circulation, &c., in fever; making powerful (though sometimes abortive) efforts to excite all the organs to vigorous action, through which the carbon is eliminated from the body. Or if there is a relative deficiency of nitrogen in the cerebrum and nervous system, how that is supplied by quinia, and other nitrogenized substances.

Having seen no very satisfactory theory of the chemical nature of this indefinable agent we call malaria, I submit the results of my observations, hoping that they may, at least, throw some light upon the further elucidation of this subject, which has so long been a desideratum in medicine.

North-western Medical and Surgical Journal.

ATTEMPTED MURDER BY ARSENIC—EVIDENCE FROM THE ACTION OF THE POISON ON ANIMALS.

Kerry Assizes. Tralee, Saturday, March 15, 1851. Before Judge Ball.—Dennis Healy, 38, was charged with feloniously, wilfully, and of malice aforethought, administering arsenic to Catherine Healy, his wife, with intent to murder her.

The crown counsel, Messrs. Plunket, Hickson, J. D. Fitzgerald, and Henn, prosecuted, and Mr. Brereton defended, the prisoner.

Catherine Healy, a woman aged 20, examined.—Was married to the prisoner about Christmas twelvemonth. Before they were married a fortnight, prisoner began to treat her badly. He used to beat her very often. On Saturday in summer (13th July), witness made stirabout for dinner; put down Indian meal, having previously rinsed the pot. Put down clean water from the well. Put the pot on the fire. The prisoner stirred it. When it was done, witness poured out some on a dish for the prisoner, and some on a plate for prisoner's step-brother, John Lynch. Prisoner sent her out to cut soil for the cows, and she left her own portion of stirabout in the pot. Cut the soil, and then milked the cows. Came in, and prisoner told her to eat her stirabout. It was still in the pot. It was cold. Ate it from the pot. Prisoner and his brother ate what was poured on the plate and dish. Witness ate a hearty meal from the pot. Gave some to the dog—three spoonfuls. Dennis Shea and Biddy Shea were in the house. Did not find any taste in the stirabout. Noticed that the skin or scum of it was broken, as if stirred after it cooled. Noticed also two lumps in it, like flour, but suspecting nothing, she ate them. Became immediately sick, and vomited. After this, witness felt as if boiling in her throat. The vomiting occurred at night, but ceased in the morning. Felt a tightness in the throat, extending downwards towards the stomach—burning and soreness, with pressure in the stomach. Had a great hoarseness, and in a week's time the skin peeled off the soles of her feet. For three or four days had a difficulty in standing. Used to trip in walking, and was unable to sleep. Was not well for a fortnight. Was in perfect health before eating the stirabout. The dog had also been quite well, but saw him vomit two or three times after he ate the stirabout. He fell frequently on his side. He ran to the place the fowls were in, and vomited there. Did not see the dog again till he was found dead in a dyke in the course of ten days. The hens were about the house during the day; one of them died the next day. Saw the others scarcely able to stand, and refusing food. This hen died in a couple of days, and its feathers were found to be loose. A red cock, also, which was kept in the house, died in six or seven days. It dropped most of its feathers before it died. Prisoner was not in the house when witness took sick. When he came in she was very bad, and lying in bed; he told her, however, to go out and spread out the dung; she said she was sick, and he said she was not. The priest came to her on the third day. The priest said to the prisoner he would have him arrested. Prisoner then made away with himself, and did not return until witness recovered.

Bridget Shea examined.—Is an aunt of Catherine Healy. Was in the house. While her niece was out cutting the soil, witness saw the prisoner standing close to the pot where his wife's stirabout was cooling. [This witness deposed to the other facts, in the same manner as the last witness, detailing the sickness of the girl and of the dog and hens.]

Cross-examined.—Did not see the prisoner touch the pot. Could not see him clearly on account of a dresser which was partly between them.

Daniel Shea (a boy) examined.—Was in the house. Heard the prisoner send his wife out to cut the soil. Went out at the same time, but returned immediately, and found the prisoner at the pot. He had it on the dresser, and his hands were in the pot (here witness, by means of a hat, described the manner in which he saw the prisoner's hands in the pot). When witness came in, prisoner withdrew his hands from the pot, and, putting one hand in his breeches pocket, walked to the door and looked out. He then walked back again to the pot, and put his hands in it again; no person was in the house besides Bridget Shea, the prisoner and witness. Bridget Shea could not see what he was doing, on account of the dresser. (This witness deposed to the subsequent circumstances of the woman, the dog and the hen being sick, and mentioned his having seen the prisoner beat his wife.)

The Rev. Garrett Roche examined.—The prisoner came to me on the day of the occurrence, and told me his wife was sick, and had taken a disgust to her gruel. He wanted me to go to prepare her. He did not appear much concerned. I went along with him, but when near his house I missed him. I had another sick call to make that day, so I did not go to the prisoner's house. He came to me again late at night, but I could not go then, as it was Saturday night, and it would have interfered with my duties. On the Monday, in consequence of removing, I went to the house. I found the woman flushed. Her eyes very red. I asked the prisoner where he got the poison; he appeared stunned, and did not answer for a time. Then he said, I gave her no poison. I then said to the woman's uncle that he should send for the police, and detain every person who had been present at the making of the stirabout. I then put all the people out of the room, that I might hear the woman's confession. When I came out, the prisoner was gone. I did not see him again till the woman was out of danger.

Dr. Mayberry deposed as to the symptoms observed by him on visiting the prosecutrix on the fourth day. They were such as arsenic is capable of producing. He received from Constable Tracy a dog, a cock, and also, previously extracted, the contents of the dog's stomach, and put it in a bottle sealed up. Took out, also, the contents of the crop and gizzard of the hen, and sealed it up in a bottle. Also extracted the stomach itself of the dog, and part of the crop and gizzard of the cock. Bottled them, and sealed them. Gave the bottles to Constable Tracy.

Constable Thomas Tracy examined. Proved that he conveyed the dead dog, the cock and the hen to Dr. Mayberry, and subsequently brought from him certain bottles, which he delivered to Dr. Geoghegan.

Dr. Geoghegan, Fellow and Professor of the Royal College of Surgeons, examined.—Received, on the 3d of September, three bottles from Constable Tracy. The bottles were sealed, and labelled respectively—1, "Contents of the crop and gizzard of a fowl that ate the matters vomited by Catherine Healy"; 2, "Contents of the stomach of a dog that swallowed some of the gruel"; 3, "Stomach of the dog, and part of the gizzard and crop of a cock." No. 1 contained about half an ounce of acid vegetable matter, with a little gravel and clay; the presence of *starch* was indicated in considerable quantity, and also that of arsenious acid or white arsenic, amounting to between two and three grains. The presence of starch showed that the fowl had fed on some farinaceous matter. The quantity of white arsenic was sufficient to destroy life in the fowl, or even that of the human subject. Two and a half grains have destroyed the life of an adult. The statement that arsenic enters into the composition of any part of the human body, is altogether erroneous. Orfila maintained that doctrine, but he has since failed to establish it, and has admitted his error. The subject has been rigorously investigated by Flandin and Danger, and it is now conceded that arsenic is not a constituent of the bones, or any other structure. There was a small quantity of clay in the crop and gizzard, but I do not in anywise attribute the presence of arsenic to the clay, though it is asserted that clay contains traces of that substance. The contents of the dog's stomach furnished no trace of arsenic, nor did the stomach itself, nor that of the gizzard and crop of the cock. I have attended all through this trial, and have heard all the symptoms detailed by the witnesses. The symptoms exhibited by the woman afford in themselves a strong presumption of poisoning, and, when viewed in connection with their antecedent and concomitant circumstances, fully establish the fact. I have heard of the lumps in the stirabout. Arsenic in powder would be likely to form such lumps in gruel, as it does not with facility dissolve even in water. White arsenic resembles flour in color. In most instances in which arsenic has been swallowed, it has produced no impression on the nerves of taste, but, in some cases, an acrid feeling has been experienced. If taken in gruel, it would not be likely to indicate itself by taste. The first effect of a poisonous dose of arsenic taken by a person in health is usually nauseous, followed by vomiting, and subsequently by a burning in the stomach, which is occasionally very intense. It often produces soreness on pressure of the stomach. One of the most constant effects of arsenical poison is the burning sensation of the throat, usually accompanied by hoarseness, and sometimes by a sense of constriction. The falling off of the skin or nails is also very common when the case is prolonged. Paralytic symptoms, such as those detailed in evidence, often result from the action of arsenic, but may also be produced by other poisons, such as lead. From the symptoms exhibited by the dog and the fowl, namely, the vomiting, staggering, falling off of the feathers, a presumption of poisoning in these animals is established. The fact that no arsenic was present in the stomach of the dog, or the crop and gizzard of the cock, is quite consistent with their having been poisoned, because if, as it appears, they

survived for some considerable time, the poison may have been eliminated. The doctor proceeded to detail the conclusions at which he had arrived from the consideration of the medical facts—namely, that Catherine Healy had swallowed an irritant poison, and that such poison was white arsenic.

Cross-examined.—Sickness of stomach is very usual with females in the early stages of pregnancy (prosecutrix was pregnant at the time of the occurrence). I do not think that acrid bilious matters swallowed by the dog would account for his sickness, nor could it account for the dropping off of the feathers of the fowl, nor for the presence of arsenic in the digestive organs of the latter. Vegetable poisons produce effects on man differing in some instances from those observed in the lower animals; but mineral poisons are more uniform in their effects.

A Juror.—Do you think that a person who had taken so large a dose of arsenic as the prosecutrix, could have lived?

Witness.—I don't know whether the quantity taken was large; but if it were, it is not surprising that recovery should ensue, both from the early occurrence of free vomiting, and from the fact that the viscid material with which the poison was admixed would, by enveloping the poison, both promote its more ready expulsion through vomiting, and by partially protecting the lining membrane of the stomach from its contact, would retard its absorption into the system.

Mr. Brereton, in a long and very powerful speech, contended that no sufficient evidence of an adequate motive was adduced against the prisoner. That no proof was given of his having procured or purchased any poison whatever. That such proof could readily have been given if, in fact, he had procured it at the only approachable place where it could be had—namely, in the town of Kenmare. That the sole fact in the case substantially criminating the prisoner, was the fact sworn to by Dennis Shea. That Shea himself was not beyond suspicion in the case; and that the woman's sister, Norry, was shown to have a direct interest in her death. Counsel then proceeded to contend, that the case was by no means conclusive as to the fact of arsenic or any poison having been taken at all, or administered by any one. True, they had the opinion of a most distinguished physician on the point; but it was, after all, *no more than an opinion*. All these views were pressed with particular force upon the jury.

Judge Ball summed up the evidence, leaving it to the jury to determine, first, whether poison had been taken; secondly, whether (if so) it had been the act of the prisoner; and, thirdly, the question of intent.

The jury, without hesitation, returned a verdict of guilty.—*London Medical Gazette.*

ADHESION OF THE EAR AFTER ALMOST ENTIRE SEPARATION FROM THE HEAD.

Goldberg, a Hungarian pedlar, was brought to our infirmary after having received very severe injuries at the Georgia Railroad, by being

caught by a car and jammed against a brick wall. The injury, however, for which we report the case, was an extensive laceration of the left ear. It appears that it was caught by the projecting edge of the roof of the car, and we found it torn entirely off, with the exception of about one fourth of an inch of skin at the upper portion of its attachment, and this narrow neck of skin had been raised for some distance up from the temporal bone. The cartilage was torn off from its attachment to the auditory process, the rough edge of which was observable in the centre of the denuded surface from which the ear had been torn. The ear was cold and blue—apparently without vitality.

Notwithstanding this seemingly hopeless condition, we concluded to attempt union. For this purpose we applied six sutures of silk, attaching the ear to the scalp, a thick pledget of lint was placed behind the ear, and another broader one over it to retain it steadily, and over these a bandage was applied. We administered a grain of morphine to the patient, for pain which he suffered from other and more serious injuries. On the fourth day, the dressings were removed, and, to our surprise, the entire ear had adhered by means of coagulable lymph. A very small portion of the lobe, which had been badly bruised, had become dark, but the rest of the organ was red and warm, and in every way manifested sufficient vitality to convince us that our otoplastic operation had succeeded.

The patient remained with us for nearly two months, during which time the adhesion became perfectly firm. Although the ear had become attached, still the meatus was not preserved, in consequence of the cartilage not becoming attached to the auditory process. This opening being completely closed, deafness was the result —this was remedied by an incision over the meatus, and the introduction of short metallic bougies, which were worn to dilate the orifice. When he left us he was still wearing the bougie, and could hear distinctly whenever it was removed temporarily, though we did not consider it prudent, at that time, to leave it out permanently, for fear of a return of the occlusion.

The above case needs no extended remark; the precept deducible from it is too plain to require any amplification—viz., that we should attempt union in cases like the above, even though the chance of success may be but a forlorn hope.—Dr. F. H. Campbell, in *Southern Med. and Surg. Journal.*

DR. COMSTOCK'S NOTES FROM MEDICAL LECTURES

[Concluded from page 500.]

Dr. Chapman.

Garlick, he thought useful to old people. In giddiness, applied to the feet it produces a powerful revulsion from the head. In lieu of blistering it may be applied to children, in pain and for tumors. In deafness a clove itself may be introduced, or the juice squeezed into the ear.

Dr. Rush.

Apoplexy has been thought epidemic, but he rather thought it to be a symptom in some epidemic fevers. Remedies should be either stimulant or tonic, according to the state of the system.

Hydrocephalus, he thought produced by too much action of the arterial system, and the water in the brain as only a consequence of the fever. He had known it produced in a child by its falling on its feet into a cellar. Diseases continue after the causes which excite them are cured. It is a filial disease. Instances mentioned in which nine out of a family, and another of five in a family, have died with it. It has been called apoplexia, and apoplexia hydrocephalica. He thinks some who were supposed to have been overlaid by their mothers, have died with this apoplexy. The greater the quantity of water in the brain, the less the signs of inflammation; which he says is easily accounted for, because the bloodvessels unload themselves into the ventricles. After this transfusion of water, there is a remission of the symptoms, for a few days, which imposes upon the physician, as the remission is entirely deceitful.

Treatment.—Bloodletting. The first stage is often attributed to worms; hence this remedy is not applied in time. He bled Miss Hunter, aged 16, a great number of times, and thus cured her. Cold to the head—active purges—calomel, rhubarb and jalap. Pink-root should be avoided, as it makes a determination to the brain. Instance in which one side was most affected—in which a blister drew only on one side, and a salivation took place only on one side. He forbids salivation when the child is under 8 years of age. Six cases were cured by bloodletting in the course of not a long time.

Hæmorrhages.—Epistaxis is sometimes a symptom of fever. Venesection—cold to the scrotum. Dr. Darwin recommends to dip the whole head in cold water.

Hæmoptysis.—Sometimes it is from the trachea and larynx. Singing has brought it on, as has laughing; in the Rev. Dr. Arne, lifting a bag of meal; in another case, quarrelling with an ostler. A woman died in the stage with it, in passing the Alleghany mountains. Equable exertion of the lungs, as in singing, prevents it. Hence Brissot refers the frequency of pulmonary consumption in this city, among the Quaker women more than among others, to their not using their voices in this natural exercise. For, Dr. Rush observes, it is as natural to sing as to talk. Hæmoptysis in many cases does not shorten life, as the King of Prussia had it during his seven years' war, and lived till he was 75. It is least alarming in old people. Rev. Dr. Smith, of Princeton, lost two hundred ounces of blood before his hæmoptysis was subdued. After venesection, common salt in substance, in tea or pap, is a temporary remedy, to be used only during the hæmorrhage. It may be taken before bleeding, also. Sugar of lead—rest. Conversation and strong liquors should be forbidden. Opium. in cases of weak morbid action. Emetics have been recommended by Dr. Bryan Robinson. Brandy toddy stopped it in one case. Dr. Thomas Bond used venesection once in six weeks, and outlived the disease. A case was mentioned of a man who lived to be 76, and took

common salt every day, after finding, in the first place, that it checked his hæmoptysis. Dr. Rush himself was affected with it. He received most benefit from what he calls that noble remedy, Peruvian bark.

Hæmatemesis is not so dangerous when the blood is black as when it is florid. Common salt checked it. Glysters of cold water, alum, sacharum saturni, a blister to the stomach. The hæmorrhage is sometimes so copious as not to require venesection.

Melæna, or hæmorrhage from the liver, is generally fatal.

Bleeding from the Bowels.—Cold-water bath, by the mouth and by injection; common salt; laudanum; sugar of lead; galls applied to the anus; rest; low diet.

Hæmorrhoidal State of Fever—occurs in children during dentition. Calvin died with it, in whose case aloes proved hurtful. M.M. Local bleeding. He has known six drops give immediate relief. Sulphur; general bloodletting; cold water to the parts affected; an ointment of equal parts of tar and hog's lard; stramonium ointment; a leaf of tobacco. Taxis, or pinching the tumor with the finger. Sometimes piles produce other diseases, and even pulmonary consumption. Mahometans never leave the privy without washing the end of the rectum. He has not heard whether they have hæmorrhoids or not, but recommends the practice. A priest was affected with an internal flux of blood, with severe pain, and died on the thirteenth day. Morgagni examined the intestines again and again, and yet found no morbid appearance, not even the abrasion of the intestinal mucus. The inference is, that the blood proceeded from the liver.

Misplaced State of Fever. Hepatitis.—Diseases and disorders of the liver, including diseases of action and diseases of organ. Diabetes biliosus—discharge of bile, or hepatic chyle. Preternatural secretion of water—of air, and of black bile, or black vomit of the liver.

Symptoms.—Difficulty of lying on the right side, vomiting, colic, costiveness, tenesmus, hiccup, erysipelas, stools so acrid as to excoriate the rectum. Dr. ——— tells of a case with symptoms of hydrophobia. And mention was made of another case, in which the patient could only rest on the hand and knees. The pulse is most active on the affected side. Dr. Rush has seen all the above symptoms, but not combined. He mentioned as remarkable that the liver is not affected with spasm. It is because that organ has no muscular fibres. But it has been absorbed, as was the case with the famous Sir William Jones. The head, womb, and other viscera, throw their diseases upon the liver. Thinks bilious fever, acute and chronic hepatitis, have a common origin. Cleghorn refers hepatitis to bad water. Burning of the hands and feet is a symptom in some cases. Mortification seldom occurs.

Treatment.—There is a metastasis in opinions as well as in diseases. In the forming state of diseases of the liver, he would give emetics and purges. If these do not prevent, and when the disease is formed, he would take blood, promptly and copiously. He bled Mr. Moffat fifteen times, and yet did not prevent suppuration, although he saved his life. Another patient he bled thirty-eight times, and thus cured her. Blister repeatedly. Salivate. If a salivation cannot be produced, it is a sign

that suppuration has taken place. When mercury fails, Dr. Dick, of Calcutta, says that a seton in the region of the liver cures it. Dr. R. imitated this practice in two cases. The suppuration may discharge itself into the cavity of the thorax, into the substance of the lungs, into the stomach, into the intestines, into the cavity of the abdomen, and it may be evacuated by the kidneys. Mention was made of a physician who tapped a little girl twice, when the abscess had broken into the abdomen, and cured her. A case was mentioned in which the matter was discharged by expectoration from the lungs. And the celebrated Dr. Shippen, of Philadelphia, and formerly professor of anatomy in the University of Pennsylvania, was supposed thus to have discharged the matter of a liver abscess. Dr. R. supposed this to have happened to two of his patients, one of whom was Dr. Pascalis, of New York. The pus is sometimes so acrid as to erode cartilage and bone. He lost a patient, from whose mouth a number of worms crawled the day after her death. Worms are sometimes supposed to be the cause. Hot water every morning to blunt the acrimony of the bile. Gentle purges, milk diet, and fasting, were mentioned in this connection. Of milk, it was said that it may be made to set on the stomach by adding a little alkali. Of fasting, Dr. Franklin, whilst minister at France, fasted entirely once a week, so as, he said, nature might clear out her streets.

Colic Flux, or milky stools.—He saw a case wherein the stools were nearly as white as milk. In such cases the doctor supposed that too much chyle was sent to the liver.

In a great many cases of death from consumption and other diseases, the kidneys are found to be in a diseased state. Dr. Baillie's Morbid Anatomy is worth perusing as to his remarks upon the kidneys. Inflammation of them affects people in Ceylon, who live wholly on saccharine matter without any animal food.

THREE CASES FROM MY NOTE-BOOK.

[Communicated for the Boston Medical and Surgical Journal.]

I SEND you, Mr. Editor, with the enclosed remittance for the Journal, the following cases, the perusal of which may afford some interest to your readers. With them I would like to throw out a suggestion. Most of the subscribers to the Journal are medical men, in the practice of the profession. Numerous interesting cases in medicine and surgery must occur almost daily in our ranks, but are suffered to pass by unreported. This ought not so to be. They are rightfully the *property* of the profession, and the *claim* should be answered. My suggestion, then, is—that when the yearly claim of our worthy editor is met, that of his *subscribers* should be also.*

CASE I. *Hæmorrhagica Petechialis.*—Was called July 15, 1850, to Mr. C. F., æt. 22, who had been ill some ten days. Mr. F. had

* A most excellent suggestion—and one which it is hoped will be approved and acted upon hereafter by many subscribers.—ED.

previously enjoyed the most perfect health. He was of spare habit, but *robust* in the extreme. Says he was seized with slight chills, followed with some fever, loss of appetite, muscular debility, pain in the head, back and limbs, thirst, furred tongue, &c. &c. Had taken a calomel purge, with diaphoretics. Found him with a pulse of 80, but weak; tongue loaded with a dark-brown coating; sordes upon the teeth, and having every appearance of a medium case of typhoid fever.

July 20th.—Patient walked down stairs this morning. Has had little delirium, and no alarming symptoms. The tongue is still very dry, however, and the coating, with the sordes upon the teeth, literally *black*. Ordered *quiet* as indispensable, proper attention to the bowels, diet, drinks, skin, &c.

25th.—Was summoned hastily to my patient. Found him sinking under an alarming hæmorrhage. The blood was oozing from the nostrils and gums, and considerable was already lost. The petechiæ were visible upon the forehead and breast. In the course of a few hours large mouthfuls of blood were thrown up, seemingly from the throat, and finally copious dejections of the same, till the patient became completely blanched, and died on the 27th. Laxatives, astringents, tonics, &c., were of no avail to the patient.

Case II. *Hæmorrhage from the Umbilicus.*—Was called January 2, 1850, to consult with Dr. D. Holcomb, in the case of a child of Mr. I. Mrs. I., within the last four years, has had five children, who have been stillborn, or who have died immediately after birth; most of them have been *premature*. With this little patient she went her full time—but when a few days old it assumed a jaundiced appearance, though the umbilical cord separated and came off properly, and the child seemed well and likely to live, save the appearance spoken of above. About the fourteenth day the hæmorrhage from the umbilicus commenced, continuing twenty-four hours, defying all the usual remedies, and patient dying from exhaustion. Very many infants have died, within my knowledge, in a few days from birth, jaundiced and emaciated, indicating a malformation in the ducts leading from the liver; but none from hæmorrhage before. In the Boston Medical and Surgical Journal of February, 1850, is a case reported by Dr. Anderson, similar to the above, accompanied by petechia, and the absence of the ductus choledochus communis, proved by a post-mortem examination. Reference is also had to the "Retrospect," (19th No.) and the "Annalist," for similar cases.

Case III. *Worms.*—Was summoned November, 1850, to a child of Mr. D., said to be sick with the dysentery. Found the child able to be about the house, but had had dysenteric discharges for six weeks, accompanied with much tenesmus, distended bowels, and other symptoms that indicated *worms*. Ordered infusion of pink, given at intervals of two hours for eighteen hours—to be followed with calomel ten grains, and lastly castor oil and oil of worm seed. This course, with a repetition of it, brought away, in the space of three days, three hundred and sixty-six lumbricoides! A few weeks afterwards the child was pronounced *wormy (!)* more of the medicine sent for, and twenty-six more worms expelled. A third repetition brought away thirty-eight—making,

in all, a total of four hundred and thirty! The child has still an appearance of being inhabited! H. D. R.

Westport, Essex Co., N. Y., July, 1851.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 30, 1851.

EDITORIAL CORRESPONDENCE.

Berlin.—After some effort—being weary with moving over so much of the earth's surface of late—I found myself in the capital of the kingdom of Prussia. The northern section was visited last year, but it is quite a gratification to have seen its more essential agricultural portions. In entering Prussia from Leipsic, the land for 130 miles is so nearly level that the water seems to hesitate which way to run. There are some fine groves—planted, of course—but a scarcity of the common fruit trees. Berlin contains upwards of 400,000 inhabitants. The streets are straight, generally very long, and wide enough for a row of house-lots in the centre. Most of the public buildings are capacious, and built of a dingy sandstone. The private dwellings and stores are from two to four stories high, of brick, and stuccoed to resemble stone. It is a cheap, elegant mode of building. Water is supplied from the River Spree, and is pumped up by a steam engine. There are only a few fountains in the city, but some elegant and costly bronze castings are durable monuments of the artistical ingenuity of those by whom they were executed. An equestrian statue, in bronze, of Frederick the Great, elevated 40 feet, surrounded at the base by many full-sized figures of personages of his time, is now being set in the Street of the Linden Trees, the most beautiful street in the city. Almost every body wears a thread of gold lace, a sword, a red stripe on his pantaloons, or something equivalent, indicative of his relation to the army. Not a movement can be made without the eye of a policeman peering in to watch and report to the government. Houses are constructed, in a majority of cases, in flats, or each story a separate house—and one large door on the street is the common entrance. The police have a key to every house in the city, and all are required to be locked at 10 o'clock at night. Should any person be out beyond that hour, not being the owner of a key, he must pay a policeman a fee to let him in, provided he is fortunate enough to find one. When I arrived, at 11 o'clock at night in a railroad train, not a soul was permitted to pass out of the station-house till all, several hundreds in number, had their passports critically examined. A more provoking scene cannot be imagined.

Most of the picture gallery is made up of Madonnas and crucifixion scenes. Many works purporting to be by Van Dyck and others of the old masters, were upon the walls—which confirms me in the belief that all the pictures claiming to be theirs were never executed by them. It is morally impossible that they should have accomplished so much. The museum of antiquities and the arts offers a perfect feast to persons of diversified tastes. The extraordinary wood carvings by Albert Durer, the bronzes, instruments, ivory sculptures—varied, rich and masterly evidences of patient perseverance—pictures made of flatted pieces of straw, shaded by the natural colors as found in the field, to vie with the golden tapestry,

together with all the possible shapes that iron, copper, silver, gold, glass, leather, shell, horn, &c., ever assume under the hand of man, to create both astonishment and delight, are there. But the cream of the collection is an exact model of Frederick the Great, in the identical suit he wore many years, uninterruptedly, before his death. His coat was mended; his boots, not being blacked, were nearly red, and his pocket handkerchief was mended in several places. His old hat would raise a laugh on any head; and as for the other garments which covered his majesty, the wonder is how they were kept on. A helmet of the Elector of Brandenburg, the father of the first king of Prussia, weighs 26 pounds. The suit he wore, which is of faded velvet, and that in which the king, his son, manifested his sovereign authority, would make a sorry figure by the side of modern fabrics. It is worth while to preserve them for the purpose of showing the progress of cloth manufacture. A windmill, constructed by Peter the Great, at Saardam, while he worked in the dockyard, together with his turning lathe and chisels, are in this valuable museum. Luther's drinking cup, a substantial vessel, showed he loved beer, as all his countrymen do, and a good deal of it. Two metallic cups, on which Baron Trenck engraved the whole history of his nine years sufferings in a gloomy subterranean prison, is a curiosity to the physiologist, of rare value. The letters are so small that a highly magnifying glass is required to read them—yet executed in the dark, where his eyes became changed into night-seeing organs, and at the same time microscopic. He was incarcerated by Frederick the Great, because the Baron had the audacity to be in love with his old dried-up majesty's sister, who was quite as much of a mummy as himself.

The next object, and the one which must ultimately eclipse many of the other national institutions in Berlin, in point of interest, is the new Egyptian Museum—a building designed to hold what Dr. Lepsius gathered in Egypt. A more appropriate edifice could not have been devised. Some of the frescoes, now being painted, are, to me, transcendantly beautiful. One hall is a fac-simile of one of the apartments of an ancient temple in Upper Egypt, which I visited—and on entering the room, I recognized in a moment the truth of the copy, without having previously known any thing of it. I have many hard things to say of Dr. Lepsius, who is rightly called Cambyses II.—the second despoiler of Egyptian monuments. I tracked him over the ground, and saw such numerous injuries inflicted by him, and so many disfigurations and removals of the most remarkable historical antiquities on the globe, that I feel justified in holding him up to disapprobation, instead of awarding the praise and glorification which his Prussian friends may hereafter claim for him.

Experimental Researches—Philosophy of Vivisection and Sensation.—Such have been the boldness, originality and energy of Dr. Bennet Dowler, of New Orleans, in all those physiological researches which have engaged his attention, that he is now a marked man. No one has hitherto pushed inquiries in regard to the laws of sensation to the lengths which he has. The various experiments instituted by him on those formidable reptiles, alligators, are both new and often terrifically exciting. The spinal cord of one of them may be cut, carved and chopped into minced meat, without at all destroying the sensation of an irritant applied to any part of the body—as by fire, a needle, or knife. The foot of the creature is quickly directed for

the removal of the offending cause. Even when absolutely headless, the stump of the neck will turn either way to bite, as it were, although there is neither a brain, an eye, an undisturbed line of nervous cords, or any thing else recognized by physiologists, by which sensation may be propagated, or an orderly act of resistance follow the application of external agents. When decapitated, on applying a lighted match perpendicularly over the spine, the animal moved forward. Whenever the experiment was repeated, it was precisely with the same result. In a division of the spine, after cutting off the head, including many muscles, one fourth of the distance from the hips to the shoulders, it did not prevent the mutual and simultaneous actions of the two divisions, in warding off injuries of either. Thus, when a bit of burning paper was applied to the flanks, the fore legs were directed strongly to the seat of pain. Even after decapitation, and subsequent to the second division, the creature several times uttered guttural sounds. "For about one hour, both divisions of the body gave proof of sensibility and voluntary motion; that is to say, the fore legs, the hind legs and the tail were directed forwards, backwards, upwards, and laterally, so as to avoid or remove (as it sometimes did) an irritant. As the pain-giving agent was varied in its degrees, and in place, so were the animal's actions directed, understandingly, and with a violence responding to the intensity of the pain." Some of the experiments are positively startling: the reader is gradually raised to such a point, that he feels as though the ferocious animal might break the cords, and the next moment leap to his shoulders. We are more perplexed than ever with Dr. Dowler's discoveries. He should now embody those of past years, accompanied with minute details, together with drawings, and the volume would stand out by itself, to stimulate the anatomists, physiologists, and philosophers of all countries, to disprove, if they can, but if not, to verify, and progress in the direction to which this persevering inquirer has pointed the way.

St. Louis University.—The board of faculty embraces eight gentlemen distinguished for their scientific attainments and happy qualifications for teaching. The circular says, emphatically, that anatomical material is "both cheap and abundant"—a consideration that will doubtless influence those ardent students who prefer to make their own dissections. One hundred and seven names are on the last printed catalogue, showing there will be many candidates to supply those places in the West, where the services of a physician are in demand.

New York Medical Colleges.—There can be no complaint, in the city of New York, of a lack of institutions for teaching medicine in all its ramifications. Enterprise, talent and wealth are all employed to sustain the different colleges; but whether they are rivals, or in friendly concert are endeavoring to elevate and purify the profession, time alone can determine. Private instruction is also freely imparted in that city. Dr. Elliott's course on the eye, the coming season, has been already adverted to, and no doubt will prove attractive and useful.

Unusual State of the Public Health in Boston.—It should be a subject of profound gratitude that such a uniform measure of good health is enjoyed in this crowded city and its environs. There is no prevailing dis-

ease; and although the physicians have little or nothing to do, no persons are happier than they are at this encouraging state of the public health. We are convinced, from years of observation, that this is a common-sense community—availing itself, as a general thing, of the benefits of excellent water, fine fruits, open air, and plain food and enough of it. It is rare that two seasons come together, so nearly alike in an unusual state of good health, as the last, and the present thus far. The increase in this week's bill of mortality is wholly among infants.

Surgery of Malignant Diseases.—The highly respectable source from which the following circular emanates, is calculated to command the special attention of those to whom it is addressed.

To the Medical Profession of the United States:—

"The undersigned having been appointed, at the last meeting of the American Medical Association, Chairman of the Committee on the 'Results of Surgical Operations in Malignant Diseases,' respectfully solicits contributions to the subject, founded upon personal observation. To place the subject in as tangible a form as possible, he begs leave to direct attention to the following points:—

"1. The difference between cancerous and cancroid diseases, or those affections which are truly malignant, and those which are only partially so. In the former category are comprised scirrhus, encephaloid, and melanosis; in the latter, certain maladies of the skin and mucous tissues, as lupus, cheloid, eiloid, and cancer of the lip.

"2. The precise seat of the disease, as the skin and subcutaneous cellular tissue; the eye, ears, nose, face, lips, tongue, salivary glands, jaws and gums; the lymphatic ganglions of the neck, axilla, groin and other regions; the mammary gland, uterus, ovary, vulva and vagina, penis and testis; the anus and rectum; and, finally, the extremities.

"3. The age, sex, temperament, residence and occupation of the patient.

"4. The cause of the disease, its progress, and the state of the part and of the system at the time of the operation.

"5. Mode of operation; whether by the knife, caustic or ligature.

"6. Time of death, or relapse, after operation.

"7. Examination of the morbid product; how conducted—whether by the unassisted eye alone, or by means of the microscope and chemical tests.

"The undersigned hopes that the importance of the subject confided to him, as chairman of the committee above referred to, will be sufficiently appreciated by his professional brethren to induce them to aid him in carrying out the wishes of the American Medical Association. The subject is one of absorbing interest, and cannot fail, if properly treated, to elicit matter of the greatest benefit. It is very necessary that all communications on the subject should be sent to the chairman of the committee by the first of January, 1852.

"Medical Journals, and newspapers friendly to the interests of medical science, will confer a favor upon the undersigned by inserting the above notice. S. D. Gross, M.D.

"*University of Louisville, June* 29, 1851."

Boston Druggists and Apothecaries.—By that convenient, and, to the citizens, indispensable assistant, Adams's Boston Directory, there is dis-

covered to be 94 apothecaries and 45 druggists in Boston. The latter are presumed to be wholesale dealers. It has always been considered that a person is on the way to wealth when he trades in drugs, and we have had no intimation that it is not so at the present moment. We therefore congratulate our one hundred and thirty-nine friends and fellow citizens on their good prospects. May they never be obliged to practise physic!

Medical Practitioners in Boston.—There are two hundred and thirteen medical men in the city belonging to the State Medical Society. Fifty-one are unconnected with it, acknowledging obligations to no medical association. Twenty are denominated botanic physicians, who look upon all the others as dangerous dealers in physic; while six female physicians, quite independent of any of the rest, complete a catalogue of three hundred and fifty persons who sustain themselves, in a population of 130,000, by prescribing and giving medicines. The number is annually increasing, notwithstanding the fact that there are too many already for their individual success in business.

Medical Missionary in India.—For some years past, Dr. Bacheler, an intelligent medical correspondent, who resides at Balasore, Hindostan, under the patronage of the American Free Baptist Mission, has furnished us with occasional interesting articles from that far off country. He has a medical dispensary in which 2215 patients were treated the last year, among whom there were 113 surgical operations. He gives lectures, which are faithfully attended by natives, who at the close of two years complete a course of study, qualifying them to prescribe for ordinary diseases of the region where they dwell. Twelve, in all, have been matriculated, but six only had the perseverance to go through the allotted period. Three of the students have been retained as permanent assistants. A very generous sum was subscribed by residents at Balasore, Cuttack, Roore, Berhampore and Midnapore, towards supporting this much needed charity, amounting to 660 rupees—which met the expenses, but with none to spare. The Jellasore hospital begins to assume a degree of scientific importance, but funds are urgently required to sustain its existence, for the demands of the poor are increasingly numerous.

Death by the Carelessness of an Apothecary.—A little child of James Madison, of Somerville, died on the 3d of this month, in consequence of the carelessness of an apothecary at East Cambridge, who put up morphine instead of quinine, which was ordered in the prescription. Such fatal mistakes are getting to be too common among apothecaries, plainly showing the necessity of some stringent regulations, by law or otherwise, that will prevent them. If the College of Pharmacy, which is just organized in this city, should take these matters into consideration, no doubt the members would suggest a remedy.

Mesmerism.—It may be in the recollection of our readers, that Sir Philip Crampton, some time since, in order to test the powers alleged to be possessed by persons in what is called the clairvoyant state, produced by the mysterious influence of mesmerism, offered to enclose a bank note for

£100 in a sealed envelope, which should become the property of any individual who could, while blindfolded and in the mesmeric sleep, tell its date and number. The challenge has been accepted by Mr. Hill H. Hardy.—*London Lancet, June 7.*

Medical Miscellany.—Dr. A. A. Cooley, of Hartford, Ct., was recently thrown from a wagon, and had his skull badly fractured.—During the first six months of 1850, the total mortality of St. Louis was 1710, of which 283 deaths were from cholera. The corresponding months of 1851, just past, show a total mortality of 1894; of which 545 deaths were from cholera, showing considerable increase this year. Of cholera victims about three-fifths are foreigners.—Two children died of hydrophobia in New York city, last week.—There is in Pictou, N. S., a girl not five years of age, whose height is 4 feet 8 inches, and she weighs over 100 lbs. She is well proportioned, and appears to have no malformation. She is accompanied by her mother, who is a woman of small size.—Dr. Junius Smith writes from South Carolina, on the 4th of July, that he was enjoying a cup of tea from plants of his own raising. He pronounces it the best tea that he ever tasted.—The rebuilding of the Lunatic Hospital in Maine has been commenced.—The yellow fever is making fearful havoc among the troops in Cuba.—Dr. Hunt, of New Orleans, who killed a man in a duel, has been bailed.—By a report made to the New York Academy of Medicine, by Dr. James Stewart, it appears that about 18,000 people in that city live in cellars, which mode of living cannot fail of proving a prolific source of disease.—Dr. Thomas Stewardson, formerly of Philadelphia, has been appointed Professor of Natural Sciences in the Georgia Military Institute, at Marietta.—Dr. H. A. Ramsey, of Lincoln county, Georgia, "indignantly repels the assault upon his veracity," made by Dr. Robertson, of South Carolina, at the last meeting of the American Medical Association, as related on page 346 of this Journal.—"Homœopathy Unveiled; or, observations on Hahnemann, his Doctrines and Treatment of Disease," by W. P. Brodribb, M.R.C.S.E., &c. is the title of a book just published in London.—A work on topical medication in diseases of the throat, is just from the press in London.

To Correspondents.—An article from a venerable friend and correspondent, on Homœopathy, is inadmissible. The report of a committee of the Mass. Medical Society on that subject, and the reply to it by a report from the Mass. Homœopathic Society, are in the hands of our readers, and any remarks by others in defence of the side of the question embraced by the latter, appears to us at present uncalled for in the Journal.

Married,—Dr. J. E. Nutting, of West Stockbridge, Mass., to Miss F. P. Pike.

Died,—In Marion, Ohio, John C. Norton, M.D., aged 37. Dr. N. was a native of Berlin, Ct., and a graduate of the Medical Institution of Yale College He ardently loved his profession, and had already become eminent among the practitioners of the West.—At San Pablo, California, Dr. Barton Knox, of St. Louis, Mo., drowned.

Deaths in Boston—for the week ending Saturday noon, July 26th, 92.—Males, 46—females, 46. Accidental, 1—disease of bowels, 5—inflammation of bowels, 1—bronchitis, 1—disease of the brain, 1—congestion of the brain, 2—consumption, 11—convulsions, 5—cholera infantum, 12—cholera morbus, 2—canker, 2—croup, 3—dysentery, 4—diarrhœa, 2—dropsy, 1—dropsy of the brain, 1—drowned, 1—typhus fever, 1—scarlet fever, 1—lung fever, 1—fracture, 1—hooping cough, 1—disease of the heart, 2—intemperance, 1—infantile, 10—inflammation of the lungs, 1—marasmus, 3—measles, 1—old age, 2—puerperal, 1—pleurisy, 1—purpura, 1—suicide, 1—teething, 8—unknown, 1.

Under 5 years, 59—between 5 and 20 years, 10—between 20 and 40 years, 11—between 40 and 60 years, 8—over 60 years, 4. Americans, 30; foreigners and children of foreigners, 62.

The above includes 10 deaths at the City Institutions.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF BUFFALO.—The Emeritus Millard Fillmore, Chancellor. The regular course in this institution commences on the first Wednesday in November, and continues sixteen weeks.

The present organization of the Faculty is as follows:—

CHARLES BROSSARD CONVERSE, M.D., Emeritus Professor of Physiology and Medical Jurisprudence.

CHARLES A. LEE, M.D., Professor of Pathology and Materia Medica.

JAMES P. WHITE, M.D., Professor of Obstetrics and Diseases of Women and Children.

FRANK HASTINGS HAMILTON, M.D., Professor of the Principles and Practice of Surgery, and Clinical Surgery.

AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.

GEORGE HADLEY, M.D., Professor of Chemistry and Pharmacy.

BENJAMIN B. PALMER, M.D., Professor of General and Special Anatomy.

JOHN C. SPENCER, Jun., M.D., Professor of Physiology and Medical Jurisprudence.

CORYDON LA FOND, M.D., Demonstrator of Anatomy.

A preliminary course will commence four weeks before the regular term, and continue to the commencement of the latter. This course will be devoted to dissections, clinical instruction at the Hospital by the Professor of Surgery and Medicine, and lectures on the following subjects:

Surgical Diseases and Ophthalmic Surgery, by Prof. Hamilton.

Physical Exploration of the Chest, by Prof. Flint.

Lectures connected with Obstetrics, by Prof. Hadley.

The Urine in health and disease, by Prof. Dalton.

No fees, except for the Matriculation and Hospital Ticket, are required for the preliminary course. The lectures are delivered in the new and commodious Medical College of Erie and Virginia streets.

Microscopical Manipulations are carried in the Department of Anatomy, Physiology and Chemistry. The facilities for clinical teaching afforded at the City Hospital, of the Sisters of Charity, situated but a few rods from the College Edifice, are ample. Practical Anatomy may be pursued to any extent desired.

The fees for the Professors' Tickets, matriculation, are $10; for the Hospital Ticket, $5; Demonstrator's Ticket, $5. Fee for Graduation, $25.

GEORGE HADLEY, *Registrar.*

Letters addressed to Dr. Hadley may be directed to the care of Professors Hamilton or Flint, at Buffalo, and will receive attention in case at the close of the Registrar.

Buffalo, June, 1851. July 9—eo5ytAug.

NITRATE OF SILVER in crystals, manufactured and sold by PHILBRICK & TRAFTON, Chemists and Druggists, 149 Washington st., Boston. Feb. 12.

DR. HENRY W. WILLIAMS has removed to No. 10 *Essex Street*, where he will continue to give particular attention to Diseases of the Eye.

Nov 21—eo6t.

ARTIFICIAL EYES AND ANATOMICAL PREPARATIONS imported to order by

Nov. 6. PHILBRICK & TRAFTON,
Physicians' Druggists.

DENTAL AND SURGICAL INSTRUMENTS.—D. WALTHER & Co., successors to N. Hunt, manufacture and have for sale all kinds of Surgical and Dental Instruments and Implements.

Old Instruments ground, polished and repaired, at the shortest notice.

Orders will be attended to with promptness.

Nov 26—tf 135 Washington street, up stairs.

PURE COD LIVER OIL, carefully prepared only from fresh and healthy livers, by Francis Boinet, Apothecary, No. 23 Tremont Row, Boston. Dr. J. G. B. Wilkinson, an eminent English physician, says, "I prescribe it in all cases of consumption (in its early stage he prefers cod liver oil to any other), since in the London Journal of Medicine." "As the result of experience, confirmed by a rational consideration of its mode of action, the pure fresh oil from the liver of the cod is more beneficial in the treatment of pulmonary consumption, than any other remedy, medical, dietetic, or regimental, that has yet been employed." June 18—tf.

JEFFERSON MEDICAL COLLEGE.—Session of 1851-52.—The regular course of Lectures will commence on Monday, the 13th of October, and continue until the last day of March. The ANNUAL COMMENCEMENT for conferring degrees will be held early in March, instead of at the end of the month as formerly.

HARLEY DUNGLISON, M.D., Professor of Institutes of Medicine, &c.

ROBERT E. HUSTON, M.D., Prof. of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Prof. of General, Descriptive and Surgical Anatomy.

JOHN K. MITCHELL, M.D., Prof. of Practice of Medicine.

THOMAS D. MUTTER, M.D., Prof. of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Prof. of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Prof. of Chemistry.

WILLIAM WALLACE, M.D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Surgical and Medical cases will be dissected, prepared for, and lectured on before the class. During the past year nineteen hundred and seventy-nine cases were admitted, and forty-three cases were operated on. Amongst the operations were many major operations—as lithotomy, amputation of the leg, arm, &c., extirpation of the eye and mamma, tracheotomy, extensive plastic operations, resection of the bone, for gun-shot wounds, &c. &c.

The Lectures are so arranged as to permit the student to attend the Lectures and Clinical demonstrations at the University Hospital.

Fees and Tickets, the 1st of October, the dissecting rooms will be open, under the direction of the Professor of Anatomy, and the demonstrator.

Fees—Matriculation, which is paid only once, $5. Hospital Ticket, $10. Graduation, $25.

The number of Students in attendance during the last Session was 341; and of Graduates 87.

R. M. HUSTON, M.D.,
Dean of the Faculty, No. 1 Girard st.

Philadelphia, July, 1851. 3—4t

PALMER'S PATENT LEGS. *Manufactured at Springfield, Mass., North Reach, Main Street, by Palmer & Co.—Subject of dispute of Hamilton and Pilsbury, before Hampden Co. Court, June, 1851, Judge J. Hale, Presiding.* "Prof. Dunglison, of Jefferson Medical College, Chairman of Jurors on Surgical Instruments, to wit:—"The elasticity of their mechanism, the relative distribution of the various cords, and the *hearty* use, certainly with which they act, are points of considerable consequence to the *efficiency and functions* of the amputated limb. The cords have accomplished the lot of a considerable class of the community, and in far better time than previous accounts of the cure." "The undersigned have witnessed the successful use of the artificial limbs of Messrs. Palmer & Co., very amply recommended them with confidence to those who have suffered the loss of a limb or extremity."

JOHN C. WARREN, D. TOWNSEND,
JOHN HAYWARD, ELISHA WARREN,
JAMES BIGELOW, D. HUMPHREYS SPURZEIM,
Surgeons and Physicians of the Massachusetts General Hospital.

These limbs have received twenty awards from the most distinguished institutions in this country. A model limb, and those in use, may be seen, and information obtained, by calling on our Agent, Dr. J. Chaney, No. 1 Tremont Temple, Boston.

March 12—4m PALMER & CO.

GLASS WARE of every description, including of German Bottles with accurately ground stoppers, from 1-4 oz. to one gallon. Also, wide and narrow mouthed Phials of white and green glass, of every size and variety, for sale in quantities to suit Purchasers, by PHILBRICK & TRAFTON.

Nov. 15.

SATURATED TINCTURE OF ENGLISH ALKANET ROOT. Sold by PHILBRICK & TRAFTON. Nov. 21.

PEPSTEIN—Sold by PHILBRICK & TRAFTON. Oct. 15.

PREPARATIONS OF SILVER.—Nitrate in Crystals, Oxide, Iodide and Chloride, Manufactured and for sale at 149 Washington street, by PHILBRICK & TRAFTON,

Nov. 15. Chemists.